

BOARD POLICY	
SUBJECT	Subsidy Program for James City County-Williamsburg Recreation Center Membership Fees
POLICY NUMBER	BP01-20
ORIGINAL EFFECTIVE DATE	November 1, 2001
REVISION DATE	
HISTORICAL REFERENCE	R99-232(R)

Purpose: To outline the terms and conditions for County residents to receive a subsidy of their membership fees to the James City County-Williamsburg Community Center so that their membership rate is comparable to the rate paid by James City County residents.

Background:

1. Through the adoption of R99-232(R) on December 15, 1999, the York County Board of Supervisors authorized execution of an agreement with the Peninsula Metropolitan YMCA to provide use of County-owned land for the construction of the Victory YMCA, a community-based recreation center for use by County citizens. The Board also agreed on an intended financial contribution to be paid to the Peninsula Metropolitan YMCA in equal annual installments of \$200,000 for a period of 10 years beginning at the commencement of construction of this facility.
2. R99-232(R) also noted the desire of the Board of Supervisors to provide opportunities for County residents who may find that use of the Victory YMCA is not convenient to their home or work location. Therefore, the Board directed that a subsidy program be developed so that County residents are able to secure memberships to the James City County-Williamsburg Community Center at a rate that is comparable to that paid by James City County residents. This program is to take effect concurrently with the beginning of construction of the Victory YMCA, which is anticipated to begin sometime during the Fall of 2001.

Procedures:

1. Refunds given by York County will reflect the balance between the current resident and non-resident membership rates for the James City County-Williamsburg Community Center (JCWCC) and/or the James River Community Center (JRCC) for an annual or semi-annual membership. Memberships purchased prior to the effective date of this policy will be eligible for a pro-rated refund, whereby the discount shall only apply from the effective date of this policy through the expiration date of the annual or semi-annual membership.
2. County residents requesting a membership refund must mail with their request or submit in person, proof of payment (i.e. receipt) of the membership fee from the JCWCC or JRCC in order to be eligible for a refund. Requests for refunds made by mail shall be sent to: York County Parks and Recreation, P.O. Box 532, Yorktown, Virginia, 23690. Refunds requested in person shall be made at the following address: York County Parks and Recreation, 100 County Drive, Yorktown, Virginia, 23692.
3. The customer's receipt of their refund check may take as long as four (4) weeks, pending any verification of membership or residency that may be needed in addition to the usual administrative processing time.
4. York County residents who have their membership and/or access to the JCWCC or JRCC revoked by James City County for any reason are not eligible for any additional refund of their membership fee from James City or York Counties.

York County residents requesting a refund from James City County for medical reasons or relocation to a new permanent location beyond a 35-mile radius of the JCWCC or JRCC shall only be eligible to receive a full or partial refund from James City County of the resident membership rate, in accordance with applicable policies of James City County. Citizens are advised that it is a James City County policy to deduct a 10% administrative charge from the refund unless otherwise approved by the Community Center Administrator.



ACCESS APPLICATION
JAMES CITY/WILLIAMSBURG COMMUNITY CENTER



Date: _____ Locality of Residence: _____ James City _____ City of _____ York _____
(please circle one) County _____ Williamsburg _____ County _____ Other _____

Applicant's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Contact: _____

(H) _____ (W) _____ (Name) _____ (Phone) _____

(Complete only if spouse is also contributing for a pass)

Spouse's Name: _____ Date of Birth: _____

Phone: _____ EOB OFFICE USE ONLY

(W) _____ Emergency Contact: (Name) _____ (Phone) _____

Parent or Guardian's Name: _____

[illegible]

(W) _____ Emergency Contact: (Name) _____ (Phone) _____

*Children as Members: (*Note: List only those between the ages of 5 and 17)

Name: _____ Date of Birth: _____ Barcode# _____

Name: _____ Date of Birth: _____ Barcode# _____

Name: _____ Date of Birth: _____ Barcode# _____

Name: _____ Date of Birth: _____ Barcode# _____

ACCESS TYPE(S):

☐ Adult (015/043) ☐ Senior (023/049) ☐ Youth (026/052) ☐ Family (020/046)

☐ Corporate(018/077)_____ *Daily Access:* ☐ Resident(056) ☐ Non-Resident(027)

DURATION:

☐ 3 Month ☐ 6 Month ☐ 12 Month☐ 24 Month (RES) ☐ 12 Month (NR)

Pass Guidelines and Refund Policy

Pass(es) is/are personal to the patron(s) listed above. If they cannot be reassigned or transferred. Three and six month pass holders wishing to upgrade must renew by the expiration date to qualify for the program. Patron(s) agree to abide by all Center rules and regulations. James City/Williamson and James River Community Centers reserve the right to revoke access from patrons abusing rules, regulations and facilities. Access may only be canceled with written medical proof of injury, illness or disability, or relocation to a new permanent location beyond a 35-mile radius. (Note: Refund requests will be subject to a 10% administrative fee unless otherwise approved by Community Center Administrator.)

Durable Assumption of Risk and Release Agreement

In agreeing to use the James City/Williamsburg and/or James River Community Centers as a past holder, visitor or licensee, I affirm that my general health is good and that I am not adversely affected by exercise, and that I am capable of engaging in activities of a vigorous nature. In the event my good health or condition should change, I will refrain from engaging in potentially hazardous activities. I am aware of the possibility of accidental or other physical injury during the use of center facilities and/or participation in programs conducted at the Community Centers by James City County, the City of Williamsburg and cosponsored programs with other agencies.

In consideration for using the James City/Williamsburg and/or James River Community Centers or participating in a sponsored activity, I do hereby hold harmless from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise or in connection with my participation in activities or use of facilities at the James City/Williamsburg and/or James River Community Centers, their employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors.

I have read this Agreement and understand the activity in which I will be engaged. This Agreement constitutes an assumption of risk and release for any injury, damage, claim or liability which occurs prior to delivery of written notice to the James City County Division of Parks and Recreation Director cancelling this Agreement. I have agreed to the conditions stated above.

Applicant's Signature

(If under 13, parent or guardian must sign.)

Please note any physical limitations, medications or contraindications, such as heart condition, high blood pressure, diabetes, etc. that would limit your participation in any physical activity. (Use back if necessary.)

Spouse's Signature

(Applicable if spouse is also receiving a pass)

FOR OFFICE USE ONLY

Applicant's Name: _____ First MI Initials _____

J W Y NR Proof of Residence: _____

Applicant _____

Access Type: _____ Barred? _____

Spouse _____

Access Type: _____ Barred? _____

Amount Paid: _____

PAYMENT

☐ CASH ☐ CHECK# _____ ☐ PAY DEB ☐ OTHER _____

Start _____ End _____

Start _____ End _____